Notice of Exempt
Offering of Securities

## U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL
OMB Number: 3235-0076

Expires: February 28, 2009

Estimated average burden hours per response: 4.00

Intentional misstatements or <b>Item 1. Issuer's Identity</b>	omissions of fact constitute f	ederal criminal violations	s. See 18 U.S.C. 1001.
Name of Issuer			Entity Type (Select one)
Particle Drilling Technologies, Inc.	Previous Name(s)	None	Corporation
Jurisdiction of Incorporation/Organization	MedXLink Corp.		Limited Partnership
Nevada	:		Limited Liability Company
			General Partnership
Year of Incorporation/Organization (Selectione)			Business Trust Other (Specify
Over Five Years Ago	O Yet to Be	Formed	
(if more than one issuer is filing this notice, check)	his box and identify addit	tional issuer(s) by attach	ing Items 1 and 2 Continuation Page(s).)
Item 2. Principal Place of Business and	<del>-</del>	• • •	
Street Address 1		et Address 2	PROCESSED
5611 Baird Court			
	te/Province/Country ZIP/		Phone No. SA MAR 3 0 2009
		/Postal Code	
Houston	kas 770	141	(713) 223-30 HOMSON REVIERS
Item 3. Related Persons		_	
Last Name	First Name		Middle Name
Terry	Jim		В.
Street Address 1	Stre	et Address 2	
5611 Baird Court			THE PARTY OF THE P
City Stat	e/Province/Country ZIP/	Postal Code	
Houston Tex	as 770	41	
Relationship(s): X Executive Officer X D	irector Promoter		09035526
	nector Promoter		<b>000</b>
Clarification of Response (if Necessary)			
Item 4. Industry Group (Select one			attaching Item 3 Continuation Page(s). )
Agriculture Banking and Financial Services	<ul><li>Business Serv</li><li>Energy</li></ul>	rices	Construction
Commercial Banking	Electric Util	itles	REITS & Financis EC Mail Processing Residential
O Insurance	Energy Con		Other Real Estate  Section
Investing	Coal Mining		Retailing MAR 1 1 9999
Investment Banking Pooled Investment Fund	$\underline{\smile}$	ntal Services (	Restaurants
If selecting this industry group, also select on	9	3V	Technology Washington, DC
type below and answer the question below:	Health Care		Computers 111
Hedge Fund	Biotechnolo	ogy	Other Technology
Private Equity Fund Venture Capital Fund	Health Insu		Travel
Other Investment Fund	Hospitals &  Pharmaceut	•	Airlines & Airports
Is the issuer registered as an investmen			Lodging & Conventions
company under the Investment Compa Act of 1940? Yes No	Manufacturin		Tourism & Travel Services
Other Banking & Financial Services	Real Estate	-	Other Travel
J	Commercia	d .	Other

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Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)  No Revenues  \$1 - \$1,000,000  \$1,000,001 - \$5,000,000  \$5,000,001 - \$25,000,000  \$25,000,001 - \$100,000,000  Over \$100,000,000  Decline to Disclose	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)  No Aggregate Net Asset Value  \$1 - \$5,000,000  \$5,000,001 - \$25,000,000  \$25,000,001 - \$50,000,000  \$50,000,001 - \$100,000,000  Over \$100,000,000  Decline to Disclose
Not Applicable	Not Applicable
Item 6. Federal Exemptions and Exclusions Cla	
Rule 504(b)(1) (not (i), (ii) or (iii))  Rule 504(b)(1)(i)  Rule 504(b)(1)(ii)  Rule 504(b)(1)(iii)  Rule 505  Rule 506  Securities Act Section 4(6)	Section 3(c)(1)
Item 7. Type of Filing	
New Notice     OR	nt
Date of First Sale in this Offering: February 11, 2009	OR First Sale Yet to Occur
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than	one year? Yes 🗶 No
Item 9. Type(s) of Securities Offered (Select	all that apply)
Equity	Pooled Investment Fund Interests
☑ Debt	☐ Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	<ul><li>☐ Mineral Property Securities</li><li>☐ Other (Describe)</li></ul>
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busing transaction, such as a merger, acquisition or exchange offer Clarification of Response (if Necessary)	

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Item 11. Minimum Investment	
Minimum investment accepted from any outside investor \$	0
Item 12. Sales Compensation	
Recipient	Recipient CRD Number
	No CRD Number
Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
Street Address 1	Street Address 2
City State/Province/	/Country ZIP/Postal Code
States of Solicitation All States  ALL AK AZ AR AR ALL COST	
	ME MD MA MI MN MS MO
	NV NG NG NO
	VT
	on by checking this box [] and attaching Item 12 Continuation Page(s)
Item 13. Offering and Sales Amounts	
(a) Total Offering Amount \$ 1,948,671	OR Indefinite
	OR muemate
(b) received the second	
(c) Total Remaining to be Sold \$ 1,948,671 (Subtract (a) from (b))	OR Indefinite
Clarification of Response (if Necessary)	
Includes (i) a \$1,200,000 purchase price for the Company's 10	
purchase up to 7,130,200 shares of common stock, and (ii) a p	ayment of up to \$748,671 upon exercise of the warrants
Item 14. Investors	
Check this box if securities in the offering have been or may be s	old to persons who do not qualify as accredited investors, and enter the
number of such non-accredited investors who already have invested	
	<u></u>
Enter the total number of investors who already have invested in th	e offering:
Itom 15 Solos Commissions and Findaus Face From	
Item 15. Sales Commissions and Finders' Fees Exp	Denses
Provide separately the amounts of sales commissions and finders' fe check the box next to the amount.	es expenses, if any. If an amount is not known, provide an estimate an
S	ales Commissions \$ Estimate
Clarification of Response (if Necessary)	Finders' Fees \$ Estimate
	<del></del>

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Item 16. Use of Proceeds		
Provide the amount of the gross proceeds of the offering that has been or is used for payments to any of the persons required to be named as exe directors or promoters in response to Item 3 above. If the amount is unknown estimate and check the box next to the amount.	ecutive officers, \$ 0	te
Clarification of Response (il Necessary)		
Signature and Submission		بحوج برجيد
Please verify the information you have entered and review the Te	erms of Submission below before signing and submitting th	is notice.
Terms of Submission. In Submitting this notice, each ide	ntified issuer is:	
the State in which the issuer maintains its principal place of busi process, and agreeing that these persons may accept service on such service may be made by registered or certified mail, in any against the issuer in any place subject to the jurisdiction of the Cactivity in connection with the offering of securities that is the si provisions of: (i) the Securities Act of 1933, the Securities Exchan Company Act of 1940, or the Investment Advisers Act of 1940, o State in which the issuer maintains its principal place of busines	its behalf, of any notice, process or pleading, and further ag Federal or state action, administrative proceeding, or arbitr United States, if the action, proceeding or arbitration (a) aris subject of this notice, and (b) is founded, directly or indirectly ange Act of 1934, the Trust Indenture Act of 1939, the Investm or any rule or regulation under any of these statutes; or (ii) the	for service of greeing that ation brought es out of any y, upon the nent se laws of the
* This undertaking does not affect any limits Section 102(a) of the Natio 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require "covered securities" for purposes of NSMIA, whether in all instances or croutinely require offering materials under this undertaking or otherwise so under NSMIA's preservation of their anti-fraud authority.	e information. As a result, if the securities that are the subject of this due to the nature of the offering that is the subject of this Form D, S	s Form D are states cannot
Each identified issuer has read this notice, knows the contents to undersigned duly authorized person. (Check this box and a in Item 1 above but not represented by signer below.)	o be true, and has duly caused this notice to be signed on it attach Signature Continuation Pages for signatures of issuer	
Issuer(s)	Name of Signer	
Particle Drilling Technologies, Inc.	Jason Davis	
Signature	Title	
/ hun/	Chief Financial Officer	
	Date	
Number of continuation pages attached: 3	2/25/09	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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#### Item 3 Continuation Page

Last Name	First Name		Middle Name
Davis	Jason		
Street Address 1		Street Address 2	
5611 Baird Court			
lity	State/Province/Country	ZIP/Postal Code	
louston	Texas	77041	
Relationship(s): 🔀 Executive Officer	☐ Director ☐ Promote	r	
Clarification of Response (if Necessary)			
Last Name	First Name		Middle Name
Tibbitts	Gordon		
Street Address 1		Street Address 2	
5611 Baird Court			-
City	State/Province/Country	ZIP/Postal Code	
Houston	Texas	77041	
Relationship(s): X Executive Officer	☐ Director ☐ Promote	er	
Clarification of Response (if Necessary)			
Clarification of Response (if Necessary)			
			Middle Name
Last Name	First Name		Middle Name
Last Name Galloway	First Name Greg	Street Address 2	Middle Name
Last Name Galloway Street Address 1		Street Address 2	Middle Name
Last Name Galloway Street Address 1 5611 Baird Court	Greg		Middle Name
Last Name  Galloway  Street Address 1  5611 Baird Court  City	Greg State/Province/Country	ZIP/Postal Code	Middle Name
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston	Greg State/Province/Country Texas	ZIP/Postal Code 77041	Middle Name
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston  Relationship(s): X Executive Officer	Greg State/Province/Country Texas	ZIP/Postal Code 77041	Middle Name
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston  Relationship(s): X Executive Officer	Greg State/Province/Country Texas	ZIP/Postal Code 77041	Middle Name
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston	Greg State/Province/Country Texas	ZIP/Postal Code 77041	Middle Name
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston  Relationship(s): X Executive Officer	Greg State/Province/Country Texas	ZIP/Postal Code 77041	Middle Name
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston  Relationship(s): X Executive Officer  Clarification of Response (if Necessary)	State/Province/Country Texas Director Promote	ZIP/Postal Code 77041	
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston  Relationship(s): X Executive Officer  Clarification of Response (if Necessary)  Last Name  LeSuer	State/Province/Country Texas Director Promote	ZIP/Postal Code 77041	
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston  Relationship(s): X Executive Officer  Clarification of Response (if Necessary)  Last Name  LeSuer  Street Address 1	State/Province/Country Texas Director Promote	ZIP/Postal Code 77041	
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston  Relationship(s): X Executive Officer  Clarification of Response (if Necessary)	State/Province/Country Texas Director Promote	ZIP/Postal Code 77041	
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston  Relationship(s): X Executive Officer  Clarification of Response (if Necessary)  Last Name  LeSuer  Street Address 1  5611 Baird Court	State/Province/Country Texas Director Promote First Name Ken	ZIP/Postal Code 77041  Street Address 2	
Last Name  Galloway  Street Address 1  5611 Baird Court  City  Houston  Relationship(s): X Executive Officer  Clarification of Response (if Necessary)  Last Name  LeSuer  Street Address 1  5611 Baird Court  City	State/Province/Country  Texas  Director Promote  First Name  Ken  State/Province/Country  Texas	ZIP/Postal Code 77041  Street Address 2  ZIP/Postal Code 77041	

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#### **Item 3 Continuation Page**

Item 3. Related Persons (Continued) Last Name First Name Middle Name Schiller John D. Street Address 2 Street Address 1 5611 Baird Court City State/Province/Country ZIP/Postal Code 77041 Houston Texas Relationship(s): Executive Officer X Director Promoter Clarification of Response (if Necessary) Last Name Middle Name First Name Mathews S. Michael Street Address 1 Street Address 2 5611 Baird Court City State/Province/Country ZIP/Postal Code 77041 Houston Texas Executive Officer Director Promoter Relationship(s); Clarification of Response (if Necessary) Last Name Middle Name First Name Menown Hugh Street Address 1 Street Address 2 5611 Baird Court City State/Province/Country ZIP/Postal Code 77041 Houston Texas Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name Middle Name First Name Dunn Byron Street Address 1 Street Address 2 5611 Baird Court City State/Province/Country ZIP/Postal Code 77041 Houston Texas Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary)

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#### Item 3 Continuation Page

.ast Name	First Name		Middle Name
lannery	Kevin	<del> </del>	
treet Address 1		Street Address 2	
611 Baird Court			
ity	State/Province/Country	ZIP/Postal Code	
louston	Texas	77041	
elationship(s): Executive O	fficer Director Promoter	•	
larification of Response (if Necessa	ary)	<del> </del>	
Last Name	First Name		Middle Name
treet Address 1		Street Address 2	
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ity	State/Province/Country	ZIP/Postal Code	
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lelationchio(c)			
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			Middle Name
Clarification of Response (if Necessa	ary)		Middle Name
Clarification of Response (if Necessa	ary)	Street Address 2	Middle Name
Clarification of Response (if Necessa	ary)		Middle Name
Clarification of Response (if Necessa	ary)		Middle Name
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ast Name  treet Address 1  ity  elationship(s): Executive O	State/Province/Country  Officer Director Promote	Street Address 2  ZIP/Postal Code	
ast Name  treet Address 1  ity  elationship(s): Executive O	State/Province/Country  Officer Director Promote	Street Address 2  ZIP/Postal Code	
ast Name  treet Address 1  ity  clarification of Response (if Necessal Last Name)	State/Province/Country  Officer Director Promote	Street Address 2  ZIP/Postal Code	
ast Name  treet Address 1  ity  clarification of Response (if Necessal Last Name)	State/Province/Country  Officer Director Promote	Street Address 2  ZIP/Postal Code	
ast Name  treet Address 1  ity  clarification of Response (if Necessal Last Name  ast Name	State/Province/Country  Officer Director Promote  ary)  First Name	Street Address 2  ZIP/Postal Code  Street Address 2	
ast Name  treet Address 1  ity  clarification of Response (if Necessal Last Name  ast Name	State/Province/Country    First Name	Street Address 2  ZIP/Postal Code  Street Address 2  ZIP/Postal Code	

